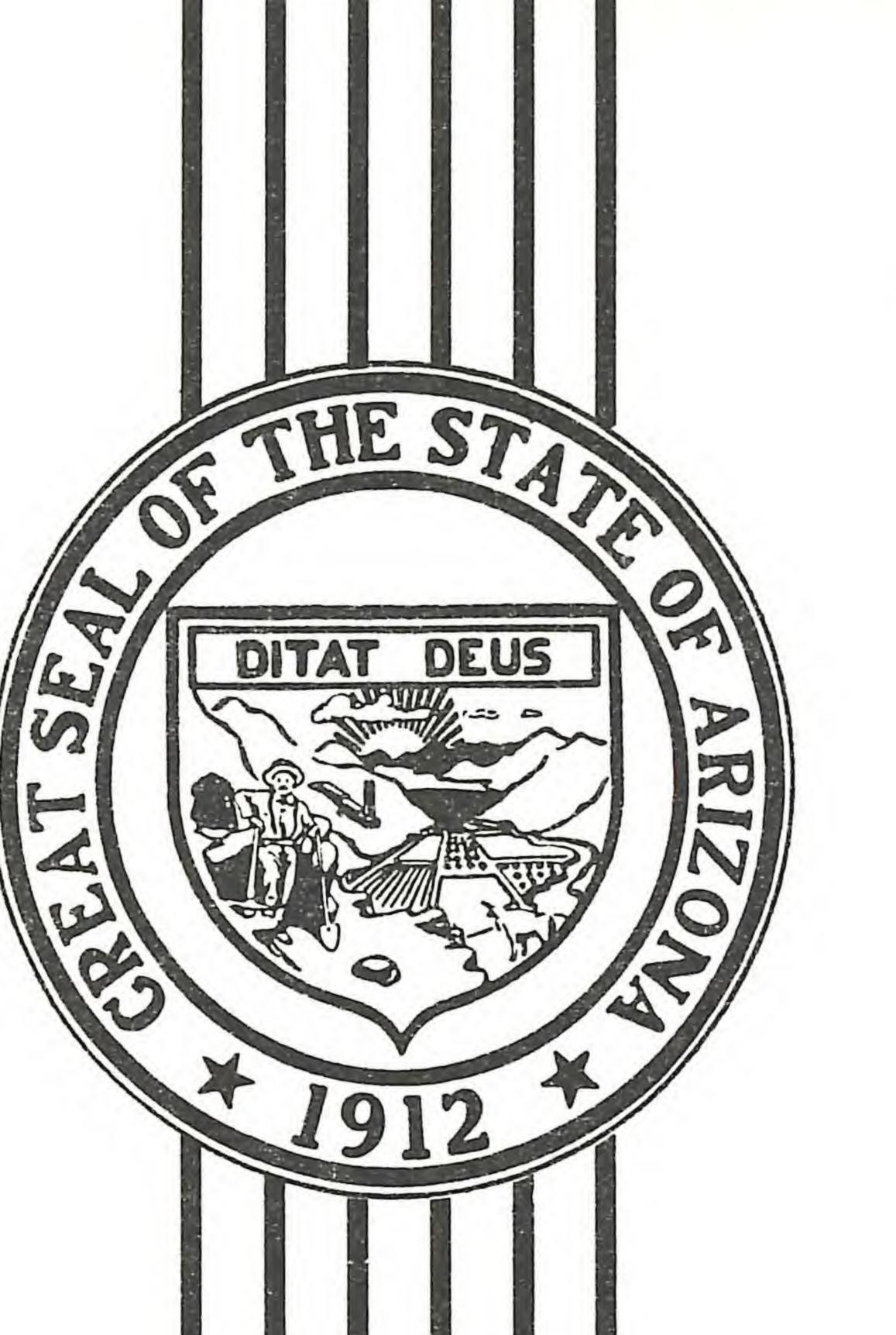


# ARIZONA STATE HOSPITAL ANNUAL REPORT

1972 • 1973





# ARIZONA STATE HOSPITAL

WILLIS H. BOWER, M.D., SUPERINTENDENT

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#### ANNUAL REPORT

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### Arizona State Hospital Board Phoenix, Arizona

D. MILTON WHITLEY, VICE-CHAIRMAN PHOENIX, ARIZONA

WILLIAM T. BIRMINGHAM, SECRETARY
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KERMIT C. OESTREICH TUCSON, ARIZONA

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August 13, 1973

The Honorable Jack Williams Governor State of Arizona 1700 West Washington Street Phoenix, Arizona 85007

Dear Governor:

The report of the Superintendent, Dr. Willis H. Bower, well describes current programs at the hospital. It points up the need for close cooperation with the Department of Mental Retardation, and you will note the recommendation for legislative clarification of its intent with respect to care of mentally retarded persons by the Arizona State Hospital.

I speak for all members of our board when I express thanks to the members of the Legislature whose efforts each year enable the hospital to improve facilities, and most important, to improve the care and treatment of our patients. Particular thanks must go to the dedicated staff and employees whose splendid efforts mean so very much to patients and their families and friends.

The death of Mr. George Pale in February was a tragic loss for this Board and the staff and patients of the hospital. He unselfishly gave an extraordinary amount of his time as a member and as chairman of the State Hospital Board in support of the hospital.

Respectfully submitted,

D. Milton Whitley

Vice-Chairman

DMW:c/mw

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## Report of the Superintendent

#### I. THE INTERNAL REORGANIZATION OF THE HOSPITAL

In the past year the hospital was reorganized internally, the principal change being the abandonment of the geographic basis of organization of inpatient units, in which certain units were identified by the fact of their serving patients derived from defined geographical areas of the state, and the replacement of the geographic basis with one in which patients are grouped in accordance with their need for particular kinds of treatment programs.

This change, which had been considered for several years, became the subject of definite planning during the last half of the previous fiscal year, that is, the first half of calendar 1972. It therefore was a topic of discussion in the annual report for 1971-1972. In that annual report the discussion of the planned reorganization was extensively developed in paragraphs describing the improved condition of the hospital, the rationale for restructuring, and the changes which called for and allowed for the program restructuring. That annual report may be referred to for an enlargement of these topics; here only a summary background will be repeated.

Overcrowded and understaffed state hospitals, in years past being repositories for vast numbers of unwanted citizens of the various communities, found themselves unable to deal effectively with the problems of their patients because their staffs' energies were consumed by housekeeping duties. Poor community relationships and poor practices, including "dumping" of patients, and a reluctance to accept patients back into the communities was then first dealt with by means of an attempt to improve the situation by dividing the patients up into "living groups" or "treatment groups" formed in accordance with the geographic areas of the state from which the patients came. This was to give the patients a sense of identity with their home communities and to arouse the interest of the communities in their own mentally ill as an identifiable group. Simultaneously, the hospital staff could also come to know the communities better and the process of population reduction by discharge of those patients who should not have been sent to the hospital or who had sufficiently improved went ahead. The Arizona State Hospital, in line with other state hospitals, so decentralized in 1966 and census reduction followed. Census reduction, together with a series of increases in annual appropriations by the legislature which enabled successive staff increases, finally brought the hospital during fiscal 1971-1972 to adequate staffing ratios in most of its treatment services. This reversed the traditional problem of the staff being overwhelmed by a series of housekeeping chores and allowed them discretion as to the best use of time and energy in bringing needed care and treatment to the remaining patients.

In the recent reorganization the geographic basis of unit organization is replaced by a series of programs, each of which is designed to fit the needs of the group of patients served by them.

In the new arrangements, there are first of all a group of programs designed to face toward the community and to mix with community programs. These were mentioned in the annual report for 1971-1972 at some length. They include especially, a) the Southern Arizona Mental Health Center, which is an extension in Tucson of the State Hospital and which works as a part of a combined service program with the Pima County Hospital Psychiatric Unit, b) the cooperative arrangements between the psychiatric services of the Maricopa County Department of Health Services and the Screening, Evaluation, and Emergency Service of the Arizona State Hospital, c) the program carried on in conjunction with the Phoenix South Mental Health Center, d) the

Day Care Service, e) the Admitting service, f) the 12 County Team which has the special task of carrying out coordinating activities with the counties other than Pima and Maricopa, g) the Community Outpatient Unit of the Arizona State Hospital which oversees patients who have been discharged to boarding homes, especially in Maricopa County, and h) outpatient activities of various units.

The newer inpatient services which, with one exception, were brought into being by the reorganization are a) the Sierra Division which accepts patients for evaluation and for short stay, b) the Verde Division, an intensive care open unit for patients who are expected to stay for a somewhat longer time than those on the Sierra Division, c) the Paloma Division, a closed unit for patients who are expected to stay for a somewhat longer time than those on the Sierra Division, d) the Ocotillo Division which has the purpose of developing industrial therapy programs for chronic patients, e) the Saguaro Division which has the purpose of developing resocialization programs for more regressed patients, and f) the Social Learning Division, a quasi-research unit made possible by a National Institute of Mental Health Hospital Improvement Project Grant, whose mission is to work with certain borderline patients with social disabilities.

The more well established divisions for special groups continue to be: a) the Children's Treatment Division, b) the Geriatrics Division, c) the Ventura Division which is for mentally retarded persons, and d) the Alhambra Division for patients who require greater security, most of whom are in the hospital under a criminal code commitment order.

The more detailed reports from the various treatment units of the hospital will reflect the organization described and will generally follow its order.

Additionally, a significant advance has been made in the organization above the treatment division and treatment unit level. The various basic units of treatment, known as divisions, or if small, known as sections, units or teams, have been placed into three groups each under the supervision of a clinical director. There are thus three clinical directors, each of whom is responsible directly to the Superintendent although one, who acts as chairman of the three to coordinate certain of their activities, retains the previous title of clinical director while the other two are titled assistant clinical directors. There are several advantages to this new arrangement. With one clinical director the Superintendent was theoretically separated by that clinical director from direct contact with the divisions, while the clinical director, who was in direct contact, found it difficult to carry out his duties because of having so many division heads reporting to him. Under the new arrangement each clinical director, with a smaller number of units to supervise, is more directly involved with the divisions and other units within his jurisdiction. Furthermore, the new arrangement provides a way to carry out "medical responsibility," at the same time allowing for an increased tendency to make use of the creative and leadership skills of persons other than physicians as chiefs or leaders of divisions. A mechanism for carrying out this "medical responsibility," must, of course, exist in the Arizona State Hospital as in any other hospital, for accreditation and for other reasons. There would remain an alternative possibility to this arrangement in which a clinical director would not be a physician; but if this were done, then another means of carrying out "medical responsibility" would have to be devised.

#### II. PROGRESS TOWARD DECENTRALIZATION

Beneath the organizational changes described above is the further development of a change of a different category. This is the further development of decentralization, which is both necessary for and a consequence of the changes described in the first section of this report. The State Hospital started its process of decentralization into a number of semi-autonomous patient care units in about 1966. However, decentralization cannot be fully accomplished merely by regroup-

ing and reassigning duties; it must include actual decentralization of authority and of a number of administrative functions. With such actual decentralization of functions goes a need for the exercise of more administrative abilities within the units created by the decentralization. Since these administrative abilities do not spring spontaneously into the qualifications of the new leaders of the decentralized units merely by virtue of appointing them to their new jobs, and since most are not already trained in administration, it is found necessary that they must learn and be trained. Experience itself gives some training, and so do self teaching, seeking help, asking questions, and receiving good supervision. But these methods are not really enough and it has been found that organized courses in practical matters of management are needed. Two hospital staff members have organized such a group of courses, and are being assisted by other staff members in carrying out the instruction. Even so, decentralization, properly accomplished, is not a goal easily reached. Nonetheless, it is a goal worth pursuing in order to avoid the monolithic character of the traditional mental hospital.

#### III. ADMINISTRATIVE INTERNSHIP

During the year a new venture in training was started, that of the administrative internship for certain of the patient care personnel. This internship was started especially to develop administrative skills and leadership among the group of mental health technicians and mental health specialists, but it was also open to others: registered nurses, licensed practical nurses, and a few others. One goal was obviously to develop the leadership needed under decentralization as discussed in the previous numbered section. Four interns were selected and started their training October 1, 1972 to extend for a period of one year. Each rotates through four service experiences: headquarters administration, nursing administration, mental health technology education, and the Social Learning Division for training in the theory and technology of behavior modification.

#### IV. STAFF ORGANIZATION

The organization of the clinical staff has been the subject of considerable thought and was the subject of a two day conference which attempted to develop ideas. Hospital medical staffs are traditionally organized, and in voluntary general hospitals medical staffs are to a considerable degree independent of the administration, although retaining strong and well defined ties to the governing body and to the hospital and its administration. Mental hospitals, and especially public mental hospitals, are characterized by the fact that thinking out and deciding upon courses of treatment for patients is by no means the sole preserve of physicians, but instead is shared by a variety of others who are qualified for this by virtue of specialized training. This has, of course, been the basis of the "team" concept in mental health programs, but has not generally led to the formal inclusion of these other persons who bear responsibility into the medical staff organization, nor has it led to the transformation of the medical staff organization into a broader structure which could be known as a "professional staff," or "clinical staff," or a similar title.

Despite the lack of definitive work to develop this broadened clinical staff, piecemeal changes are taking place which will probably facilitate its development and two of these changes are worthy of mention.

The first of these is the formation of the Program and Management Committee, which has now been in existence for well over a year, and is composed of treatment division heads and others of various disciplines. This committee has the purpose of developing policies and procedures and acts in a manner complementary to that of the Medical Executive Committee.

The second of these is the development of a procedure for patient care instructions by Arizona State Hospital staff members who are not physicians. Under this procedure, qualified persons other than physicians can write certain orders which do not constitute the practice of medicine, and it includes a procedure by which those persons are recognized as qualified and to make this a matter of record.

#### V. UNIFICATION OF MENTAL HEALTH SERVICES ENABLED

In the 1973 session of the Legislature, House Bill 2004 passed and will, prior to July 1, 1974, create a new Department of Health Services. This new department will include the State Hospital and community mental health services which are now located in the Arizona State Department of Health. Thus, mental health services in Arizona will finally be unified, after a series of unsuccessful efforts to unify them by creating a department of mental health. The new law does not specify organizational structure. Also it does not describe the way mental health care is to be carried out in Arizona nor does it set forth a community mental health system. Thus, the development of the overall pattern of mental health services for the state remains as a task for the new Department of Health Services, and for future legislative sessions, since it is doubtful that the present fragmentation of responsibility between state and counties can be brought into order without further legislation.

#### VI. PATIENTS' RIGHTS: SOME DEVELOPMENTS

The topic of patients' rights becomes more interesting and more complex each year. Legislatures in some states, federal courts, and the progress accompanying a general enlightenment in these matters all tend to contribute. The statements which follow are not intended as a comprehensive review of the matter but are a mere mention of several highlights as they affect the Arizona State Hospital.

A. Senate Bill 1167 was a proposed new commitment law which was defeated in the 1973 legislature. This bill was prepared by staff of the Arizona State Hospital, with assistance from the faculty of the University of Arizona Law School, the legislative staff, the legislative council, and its most interested sponsor and proponent, State Senator Scott Alexander. The bill took its inspiration from progressive legislation in other states, especially California, from a published study of psychiatric justice in Arizona carried out by the faculty and students of the University of Arizona Law School, and from the experience of persons in Arizona, especially the staff of the Arizona State Hospital. The proposed law would require 1) detailed procedures by examiners and courts to protect the patient from unnecessary commitment, 2) a diligent search for alternatives to hospitalization by all those involved in the commitment process, 3) an emphasis upon voluntary treatment process whenever possible, 4) a limit of six months on any commitment after which the process of commitment would have to be repeated if longer involuntary hospitalization is needed, 5) involuntary treatment by court order only for danger to self or danger to others, 6) the distinguishing of gravely disabled persons as a separate category (following the lead of the California law) as persons disabled by prolonged mental illness who would be required to have guardians to take action for them if needed, and again with a limitation of time upon guardianship, after which the process of appointing a guardian would have to be repeated, 7) a series of evaluation facilities set up throughout the state as planned by local planning agencies, and 8) mandatory local treatment for a period of

time before sending a patient to the State Hospital except in certain special instances. There are hopes that this bill will pass in the legislative session of 1974 and work is underway to rewrite it for introduction then.

- B. A decision in the United States District Court for the District of Arizona (Whalen vs. Bower) set forth the rights of a person committed after having been found not guilty by reason of insanity in the course of criminal trial to be the same as for any other person civilly committed to have each year a new hearing on his need to be hospitalized. There are further questions related to this as to what decisions higher courts will make when instances of extended stay of persons hospitalized for long periods of time prior to trial and prior to sentencing are brought before them. A problem is created in each instance, which this writer is scarcely prepared to address himself to now, except to say that the events and reasons leading to a commitment after a finding of not guilty by reason of insanity are generally quite different from those leading to a civil commitment. The fact that by chance the paths of these very different commitment procedures have crossed on the pages of law books and in the minds of judges does not seem to help solve the problems involved.
- C. The hospital itself has rewritten a seclusion and/or restraint procedure in such a way that seclusion and/or restraint is an emergency procedure which requires the summoning to the patient who is the subject of the seclusion and/or restraint action those persons expected to be most qualified to deal with it. A special conference procedure is required if seclusion and/or restraint is to be used other than in an emergency. It seems likely that within the next year or so the hospital should develop further the special conference procedure if seclusion and/or restraint is used other than in an emergency in such a way that the features of due process hearings are incorporated.

#### VII. MENTAL RETARDATION

Persons with mental retardation but without mental illness are still patients in the Arizona State Hospital, with no progress being made to develop an understanding as to future policy with the Department of Mental Retardation. This special problem was the subject of review in the annual report of 1970-1971 and has been the subject of various meetings and communications with the Department of Mental Retardation, but despite the passing of two years has not been given definite attention by the legislature nor by the Department of Mental Retardation. In essence, the problem is as follows: The Arizona State Hospital originally cared for the mentally retarded persons of Arizona who required institutionalization, but a series of legislative actions made clear its intent that special institutions for the mentally retarded and the Department of Mental Retardation were the proper agencies to deal with mentally retarded persons. Nonetheless, about 140 mentally retarded persons remain at the Arizona State Hospital. Although they are cared for well at the Arizona State Hospital and the staff caring for them has been increasing by virtue of improved legislative appropriation, the legal status of the mentally retarded persons at the State Hospital is in doubt, and the basic legislative intent appears to have been disregarded with no action being planned by the Department of Mental Retardation as far as can be determined. The Arizona State Hospital is willing to play a part in the state's plan for mental retardation but is uneasy at the lack of policy, the lack of indication of what the legislature wants done, and worst of all, the doubtful legal status of mentally retarded patients in the hospital. The situation is not made more encouraging by the exclusion of mental retardation from the new Department of Health Services.

#### VIII. RECOMMENDATIONS

- 1. That the new Department of Health Services make a plan to coordinate local, county, and state hospital programs in Arizona, and that legislation be passed to enable that which cannot be accomplished administratively.
- 2. That the legislature alter the commitment law so that legal processes promote good treatment and guard against undue institutionalization, and that this change be similar to Senate Bill 1167 which was not passed in the 1973 legislative session.
- 3. That there be adequate funding of local mental health programs so that the care of the mentally ill can be carried out effectively.
- 4. That the legislature direct attention to the problem of persons involved in criminal process and of persons who have committed crimes but who are mentally ill and remanded to the care and custody of a mental institution.
- 5. That the legislature clarify its intent with respect to the part to be played by the Arizona State Hospital in the care of mentally retarded persons.

consultative and supportive manner. Along this line, the Rehabilitation Division developed a program called "Steps to Self Sufficiency" for the use of treatment divisions in incorporating rehabilitation resources into their treatment planning.

Toby House, Maricopa County's first halfway house for psychiatric patients, began operation in January, 1973. The opening of this facility was a source of particular pride for the Rehabilitation Division, since many of its staff were prime movers in getting this long-talked-of facility from the planning stage to reality. An important ingredient of the division's long-term rehabilitation follow-up program has been the Xanadu Club. This highly successful social group for outpatients and soon-to-be-discharged inpatients provides important peer support and is staffed by volunteers from among the Rehabilitation Division's staff.

During the coming year the Rehabilitation Division has made plans to publish a handbook for hospital staff and patients covering rehabilitation resources within the hospital and the community, institute a speech and language development program for the Ventura Division, further develop a work experience program for Ventura Division patients which will extend into the community, and develop an in-service training program for hospital staff relating to rehabilitative therapies.

#### SOCIAL SERVICE

In addition to performing the traditional social service functions, the Social Service Department has become involved in a variety of administrative, research, and training activities throughout the Arizona State Hospital.

As the hospital has established collaborative programs associated with other agencies, the Social Service Department has become increasingly involved in the emerging pattern of community-based mental health delivery systems in both the rural and urban areas of the state. The trends toward more cooperation and coordination with the personnel of community agencies and programs are resulting in locating and utilizing alternatives to inpatient treatment.

A significant development during the past year was the improvement made in expediting the processing of welfare grants for indigent individuals. The waiting period between the date of application and the grant has been reduced approximately 50 percent. As a result, the length of stay for those individuals whose discharge was contingent upon financial assistance has been reduced by at least two to four weeks. Approximately 165 applications for welfare assistance have been submitted to the Maricopa County office of the State Department of Public Welfare this year to enable the indigent patient to leave the hospital.

Again this year, eight students from the Graduate School of Social Work Administration at Arizona State University received their practicum experience through the Social Service Department. For the first time, four students from the Undergraduate Social Welfare Program at Arizona State University were assigned to the hospital for their field work. The undergraduate students were assigned to the hospital's Community Outpatient Team, where they obtained a diversified community-oriented overview of emerging community/hospital mental health delivery systems. As in previous years, members of the Social Service Department's staff participated in the training programs for mental health series personnel and the hospital's Psychiatric Residency Training Program.

#### ADULT AND ADOLESCENT LEARNING CENTER

During fiscal year 1972-73, 743 patients attended classes at the Adult and Adolescent Learning Center. These 743 patient students received a total of 22,817½ hours of instruction. Twenty-five of the center's students earned G.E.D. High School Equivalency Certificates, and two others qualified for Eighth Grade Equivalency Certificates.

Three additions to the Patient Education staff last year provided for much needed additional class coverage. Two teachers were assigned to the Ventura and Alhambra Divisions, and a teaching assistant was placed in the Adult and Adolescent Learning Center. These three new staff positions made it possible for the center to extend educational opportunities to patients who might otherwise have had to go without.

#### DEPARTMENT OF EDUCATION, MENTAL HEALTH TECHNOLOGY

The Department of Education, Mental Health Technology is responsible for three major educational programs at the Arizona State Hospital. The programs are the Pre-service Basic Educational Program, the In-service Educational Program, and the Mental Health Technology Program at Maricopa Technical College. During the past year these three programs were continuously evaluated by the staff of the Department of Education, Mental Health Technology, and necessary revisions and improvements were made.

The Pre-service Basic Educational Program is a three-week, full-time course of study involving instruction in mental health assessment and treatment and hospital procedures. All newly employed mental health series personnel, regardless of classification, were enrolled in one of the ten pre-service classes conducted during the past year. During the year, 169 employees graduated from the Pre-service Basic Educational Program.

The In-service Educational Program is conducted for all mental health series personnel, and consists of a full-time, two-week training period in advanced mental health assessment and treatment and hospital procedures. There were six in-service classes held during fiscal year 1972-73, from which 72 mental health series personnel were graduated.

The Mental Health Technology Program at Maricopa Technical College began fiscal year 1972-73 with an enrollment of 29 state hospital-supported students. Of these 29 students, 16 were in their first year, and 13 were in their second year. At the end of the academic year, nine employed students graduated, and were shortly joined by three others who were late in completing their work. These twelve students were promoted to Mental Health Technician I positions and reassumed full-time work status at the hospital.

All of the staff of the Department of Education, Mental Health Technology participated throughout the past year in teaching hospital personnel improved methods of formulating and documenting treatment in the patients' medical records. This instruction included the problem-oriented charting method.

#### PHARMACY

During the past year, in addition to providing general pharmacy services throughout the hospital, the staff pharmacists were assigned primary responsibility for the pharmaceutical needs of specific treatment divisions. This means that now every treatment division has a pharmacist available for consultation in routine and special pharmaceutical matters.

The patient self-medication program is continuing to accomplish its purpose of encouraging patients to assume more responsibility for themselves and become less dependent on hospital staff. This program has proven to be both therapeutically beneficial to the hospital's patients, and economical.

Last year a satellite pharmacy was opened in the Alhambra Division's new facility. This pharmacy provides the division with a part-time facility using a modified unit-dose drug distribution system. Since many drugs are not available in unit-dose form, the Pharmacy is continuing to so prepare them.

#### LABORATORY

With the addition of a Coulter Hemoglobinometer the Laboratory has been able to do more blood hemoglobin tests with the same number of technologists and at a lower cost per procedure. Because of the machine's computer phase, the margin of error in the procedure, due to the elimination of dilutions and computation of results, has been greatly reduced.

During the past year, the Laboratory's technologists attended a number of seminars conducted by the State Department of Health and other health agencies. These seminars enabled the Laboratory personnel to keep abreast of the latest in laboratory techniques and procedures.

#### PSYCHIATRIC RESIDENCY TRAINING PROGRAM

The Psychiatric Residency Training Program continued during the past year in having first-year residents, under close supervision, treat adult outpatients through the Fillmore Mental Health Service, university students through the Student Health Service at Arizona State University, and child outpatients through the Children's Division of the Arizona State Hospital.

Residents in their second year of training continued to work in the program combining the facilities of the Arizona State Hospital, St. Luke's Hospital Medical Center, and the South Phoenix Catchment Area. This program endeavors to provide earlier and more therapeutic interventions which would be likely to reduce the need for admission to the State Hospital. They have also worked toward the same goals in programs involving the facilities of the Arizona State Hospital, Maricopa County General Hospital, the Mental Health Bureau, Tri-City Mental Health Center, and the Westside Project. Throughout their training, clinical experience gained by the residents was supplemented with relevant seminars.

Third-year residents have provided consultation services for non-psychiatric patients at the Maricopa County General Hospital. Supervised by the Barrow Neurological Institute staff, these residents have gained neurologic knowledge and skill. They have also had an opportunity to elect and pursue a field of special psychiatric interest. Supervised clinical experiences have again been supplemented with relevant seminars throughout.

In the coming year four residents are expected to be with the first-year program, working primarily in the Fillmore Mental Health Service. The five residents in the second-year program will spend six months working on an inpatient division at the Arizona State Hospital, and six months working with the Maricopa County General Hospital and its related community facilities. Six third-year residents will continue to have an opportunity to gain consultation and neurologic skills, as well as having a chance for an elective period.

In June, 1973, the program received notice from the National Institute of Mental Health of the approval of requests for the continuation of residency training funds, with indications that a portion of these funds will be available for resident stipends and faculty pay in fiscal year 1973-74.

#### RELIGIOUS SERVICES

One of the highlights for the Religious Services Program of the Arizona State Hospital during the past year was its involvement in the organization of the Arizona Association of Hospital Chaplains. Two of the Religious Services Program's staff served on the Association's organizational committee. The Arizona Association of Hospital Chaplains was developed in cooperation with the Arizona Hospital Association, and is designed to provide mutual professional support to hospital chaplains throughout the state.

The past year also saw the extended use of the hospital's chapel by other programs. A primary example of this was the Day Care Program which used the chapel facilities on a daily basis for

its group meetings. Both of the hospital's full-time chaplains were active in the Day Care Program and met regularly with the group.

Throughout the year the chaplain's staff continued to provide support to both inpatients and former patients through one-to-one pastoral care and counseling, visits to boarding homes, telephone contacts, and referrals to other helping agencies.

#### VOLUNTEER SERVICES

The Volunteer Services Program of the Arizona State Hospital increased in both size and scope during the past year when, because of the large number of clients seeking help at the Southern Arizona Mental Health Center, a highly valuable volunteer program was initiated there. Twenty-five volunteers have now been trained at the center, and have been incorporated as active participants in its service programs. The Southern Arizona Mental Health Center's volunteers are currently averaging close to 300 hours of service per month.

This year, approximately 185 volunteer workers donated some 19,800 hours of service. Of particular note is the fact that three volunteers contributed over 1,500 hours of service to the hospital.

Operation Santa Claus was again a highly successful program, with every hospital patient receiving at least two gifts last Christmas. Numerous social, civic and religious groups continued to offer their services throughout the year, and were always well received.

#### PERSONNEL

For the past four summers the hospital has actively participated in a work experience program in cooperation with the Neighborhood Youth Corps. Each summer the hospital has up to 60 youths working half time from June to August. All of these young people come from minority groups in the community of Guadalupe and gain work experience in such areas as: food service, laundry, custodial work, clerical, stock clerk, mail room, and teacher assistant.

In April of 1973 an Affirmative Action plan was drawn up and published by the Arizona State Hospital. The goal of this plan is to assure that all candidates have equal opportunity for employment and that all employees have equal opportunity for advancement. The scope of this plan embraces all segments of the hospital.

Last year the State Personnel Commission formally delegated authority to the Arizona State Hospital to approve many personnel actions. While this requires a significant effort and additional record-keeping by the Personnel Department, the authorization has greatly enhanced personnel operations by speeding actions and eliminating the duplication of much work.

#### SECURITY, TRANSPORTATION AND COMMUNICATIONS

The workload of the Security, Transportation and Communications Department continued to increase during the past year with the department providing more service to the hospital's general psychiatric treatment divisions.

The most significant occurrence for the department during the past year was the move of the Alhambra Division into its new facility. This move, taking place on March 12, 1973, was conducted without incident. Prior to the actual move, the department's staff devoted a considerable amount of time and effort in establishing written procedures to govern the operation of the new facility. Before the Alhambra Division moved into the new facility, all security personnel were required to undergo an orientation period to acquaint themselves with the layout, operating procedures, and equipment of the facility.

During the past year, security officers investigated a total of 1,806 incidents which required written reports, and a total of 715 ambulance runs were made. The hospital switchboard handled an average of 1,230 telephone calls daily, and the hospital mail room processed 733,749 pieces of internal and outgoing mail during the year.

#### FINANCE PROGRAM

Work began during fiscal year 1972-73 to completely revise the hospital's machinery for recording patients' accounts receivable. The hospital's Data Processing Department has begun the development of a computer-based accounts receivable procedure. The full implementation of this procedure will provide the Finance Department with accurate and timely reporting of accounts receivable data.

During the past year the State Auditor General agreed to a request from the hospital to assist it in a study of the hospital's accounting system. The purpose of this study will be to plan and implement an effective accounting system which will provide accurate information, on a timely basis, as to the financial status of the hospital. This will be valuable not only in reporting to the hospital's administration, but also in providing fully supported records which make the auditing function easier and more meaningful.

As noted in the Arizona State Hospital's Annual Report for the previous fiscal year, patient deposit funds were placed in a savings account with the First National Bank of Arizona. During the past year, the total interest credited to the patients' accounts was \$4,669.45.

#### DATA PROCESSING

The past twelve months were memorable ones for the Data Processing Department. During the year all of the systems and programs that were being run on the Arizona State Highway Department's computer were translated from the IBM language to operate in a Honeywell environment, and are presently operational on the Honeywell 635 computer in the State Data Center.

In the past year the State Data Center, into which the hospital is presently teleprocessing, finally emerged from a "concept" into a reality. During this period their hardware changed from a Honeywell 2015 system to a Honeywell 635 computer, communicating with the outlying satellite agencies through the media of the data net 30 communications processor teleprocessing to Honeywell 100/5 remotes in each of the slave agencies. Due to the increase in the number of agencies being serviced by the State Data Center computer, the data net 30 was replaced with a data net 355. At the end of the fiscal year, the State Data Center was in the process of replacing the Honeywell 635 computer with a dual 6060 Honeywell system. This system is one of the most powerful fourth-generation computers on the market and should adequately satisfy all of the Arizona State Hospital's demands for business-type applications, as well as statistical and mathematical analysis.

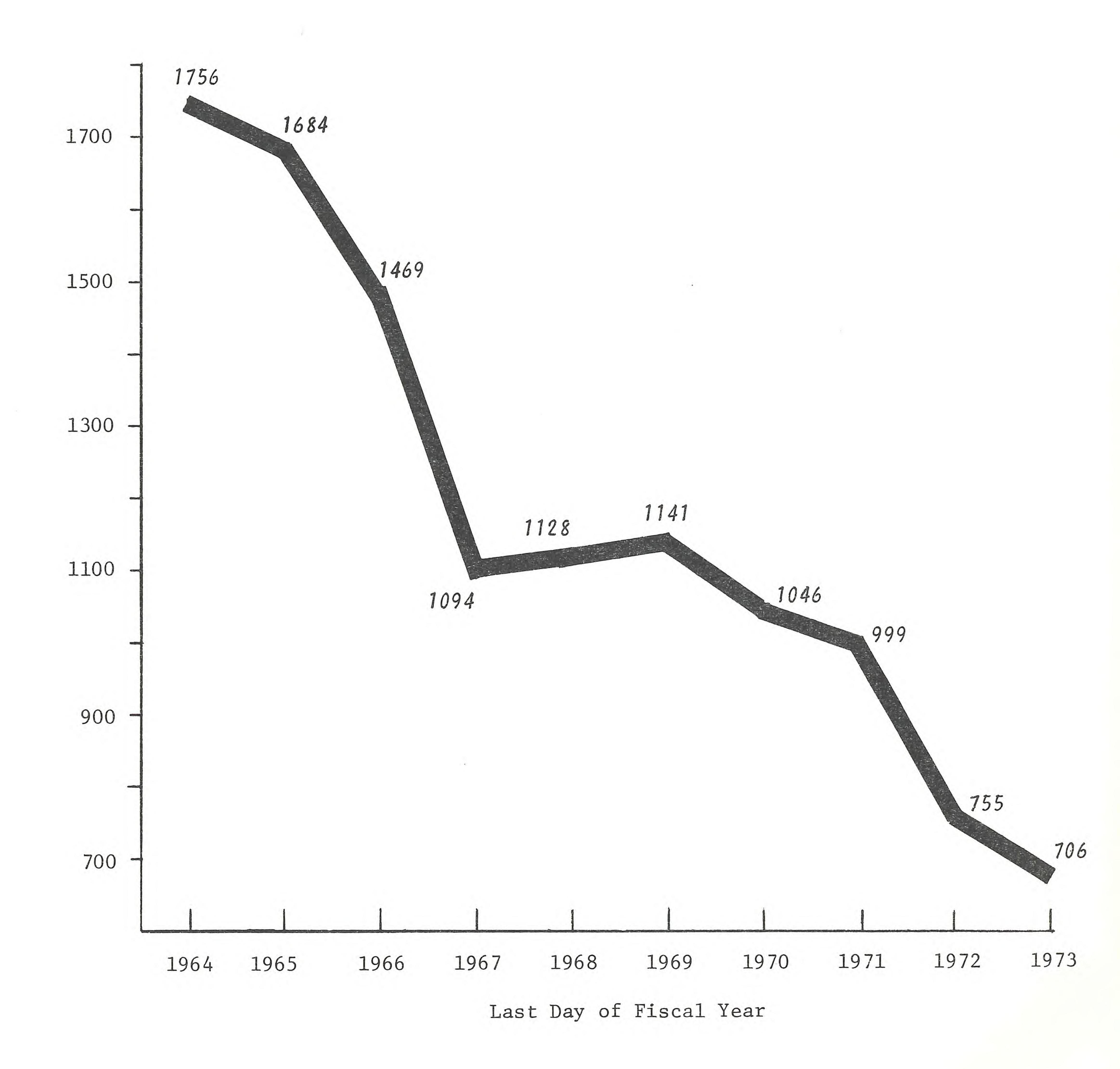
#### REGISTRAR

Continuing education in, and exploration of, the new problem-oriented record concept were major subjects for the Registrar's Office during the past year. The utilization of the problem-oriented record is expected to be extremely helpful in the reviewing of patients' records by various utilization review and medical records committees, and surveyors from the Joint Commission on Accreditation of Hospitals and Medicare. As in the past, the quality of patient care will continue to be emphasized and reflected in the new problem-oriented records.

Because of the need for staff education in the use of the newly adopted problem-oriented record concept, the Registrar's Office conducted two hospitalwide workshops on the subject.

# 1972-73 Patient Population Summary

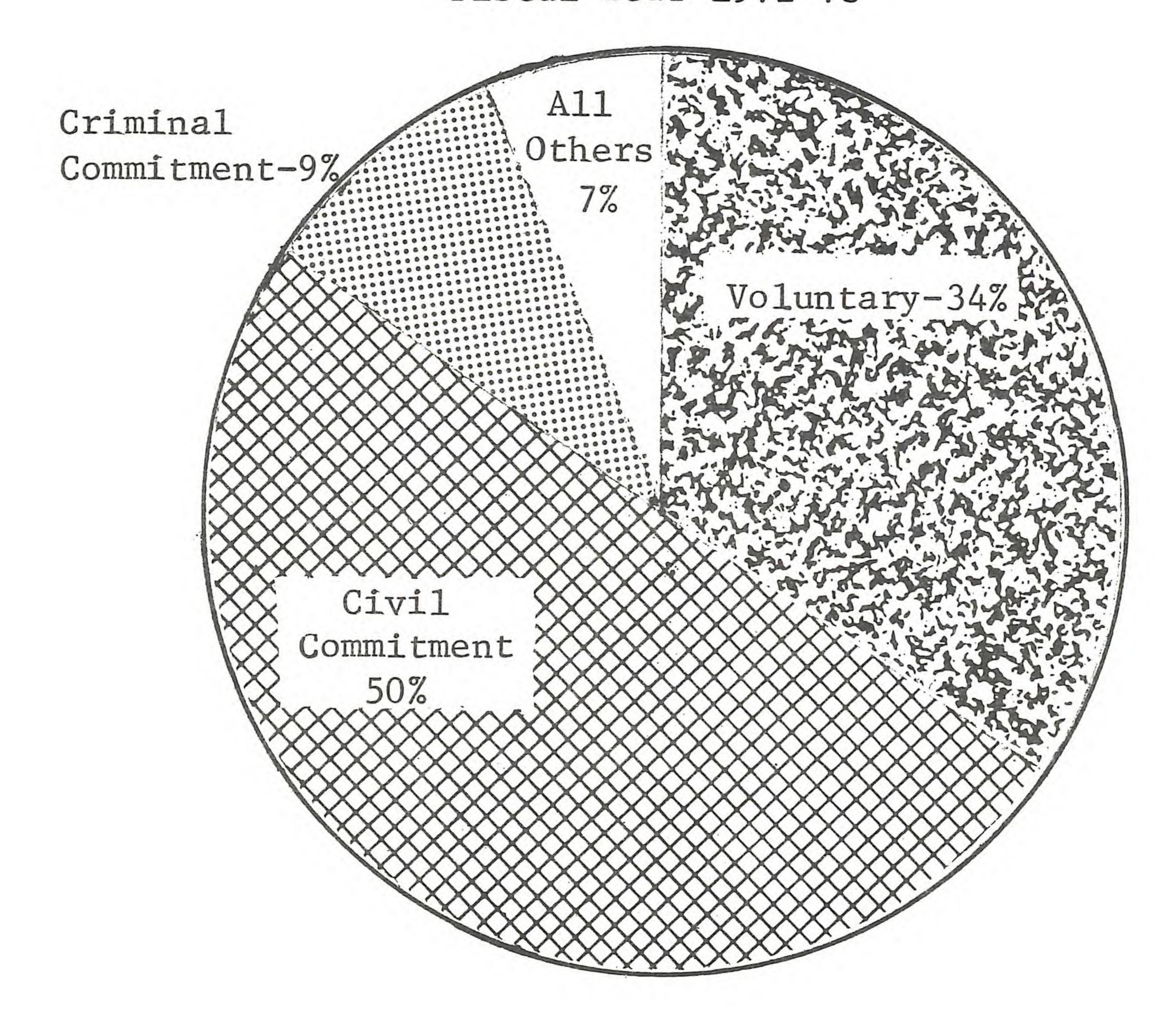
Inpatients — June 30, 1972	
ENTRIES TO INPATIENT CENSUS:	
First Admissions	
Readmissions	
Re-entries from Conditional Discharge	194
Re-entries from Unauthorized Absence	48
Other Entries	1
TOTAL ENTRIES	1,465
EXITS FROM INPATIENT CENSUS:	
Complete Discharges	
Conditional Discharges	
Deaths	50
Unauthorized Absences	71
TOTAL EXITS	1,514
Inpatients — June 30, 1973	
Patients on Conditional Discharge	
Patients on Unauthorized Absence	
Total on Books — June 30, 1973	



	Fiscal Year			
Legal Status	1971-72	1972-73	Percent Change	
Voluntary	485	412	-15	
Civil Commitment**	480	611	+27	
Criminal Commitment	142	115	-19	
All Others	93	84	-10	
TOTAL	1200	1222	+ 2	

<sup>\*</sup>First Admissions and Readmissions from Complete Discharge.

Percentage Distribution - Admission Entries by Legal Status Fiscal Year 1972-73



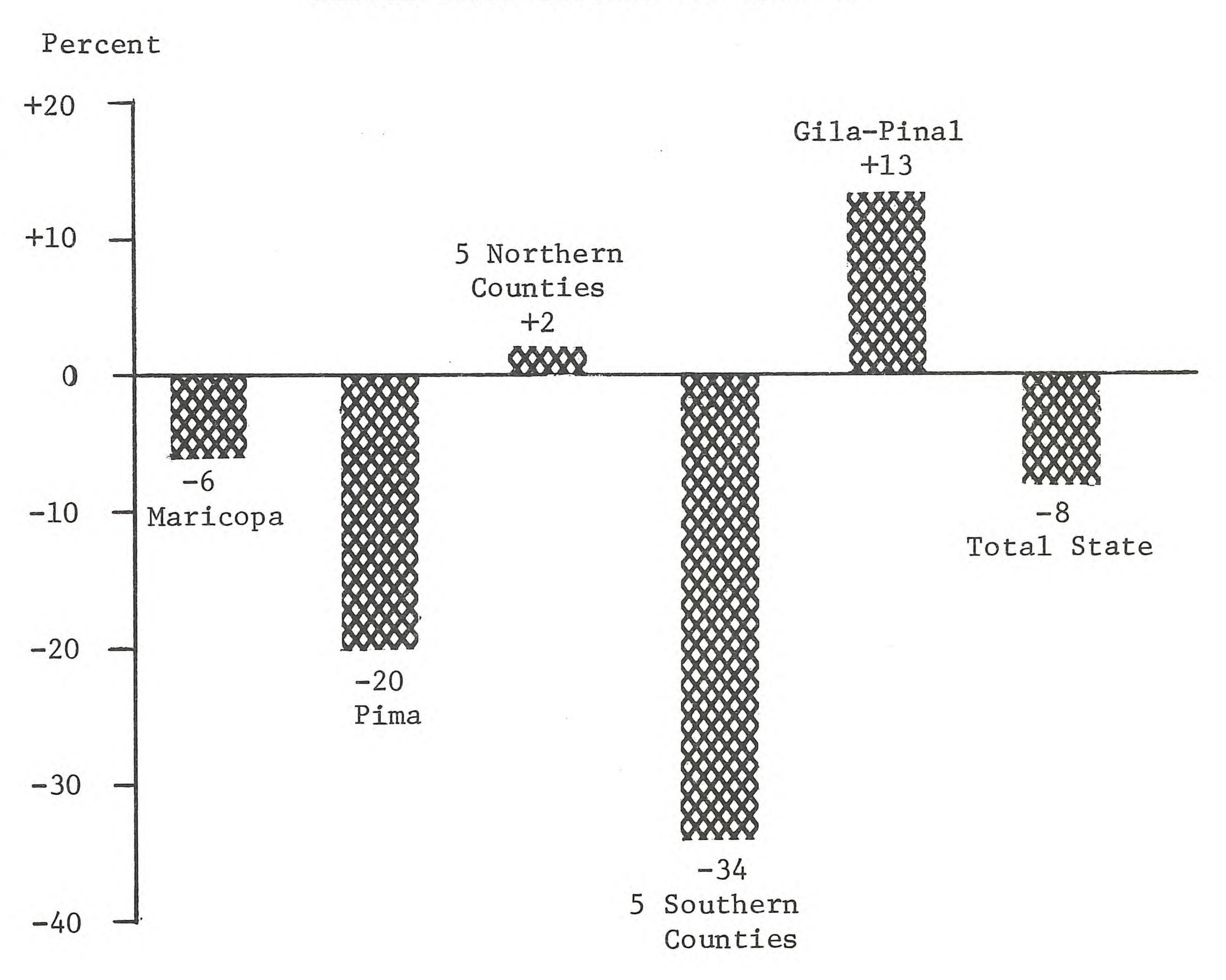
<sup>\*\*</sup>Regular commitments and civil (30 day) observations.

Entries by County - Fiscal Years 1971-72 and 1972-73

	Fiscal Year			
County Group	1971-72	1972-73	Percent Change	
Maricopa	1079	1016	- 6	
Pima	110	88	-20	
5 Northern Counties <sup>1</sup>	112	114	+ 2	
5 Southern Counties <sup>2</sup>	166	109	-34	
Gila-Pinal	122	138	+13	
Total State	1589	1465	- 8	

<sup>1</sup> Includes Mohave, Yavapai, Navajo, Apache and Coconino Counties

Percent Change In Entries by County Fiscal Years 1972-73 vs. 1971-72

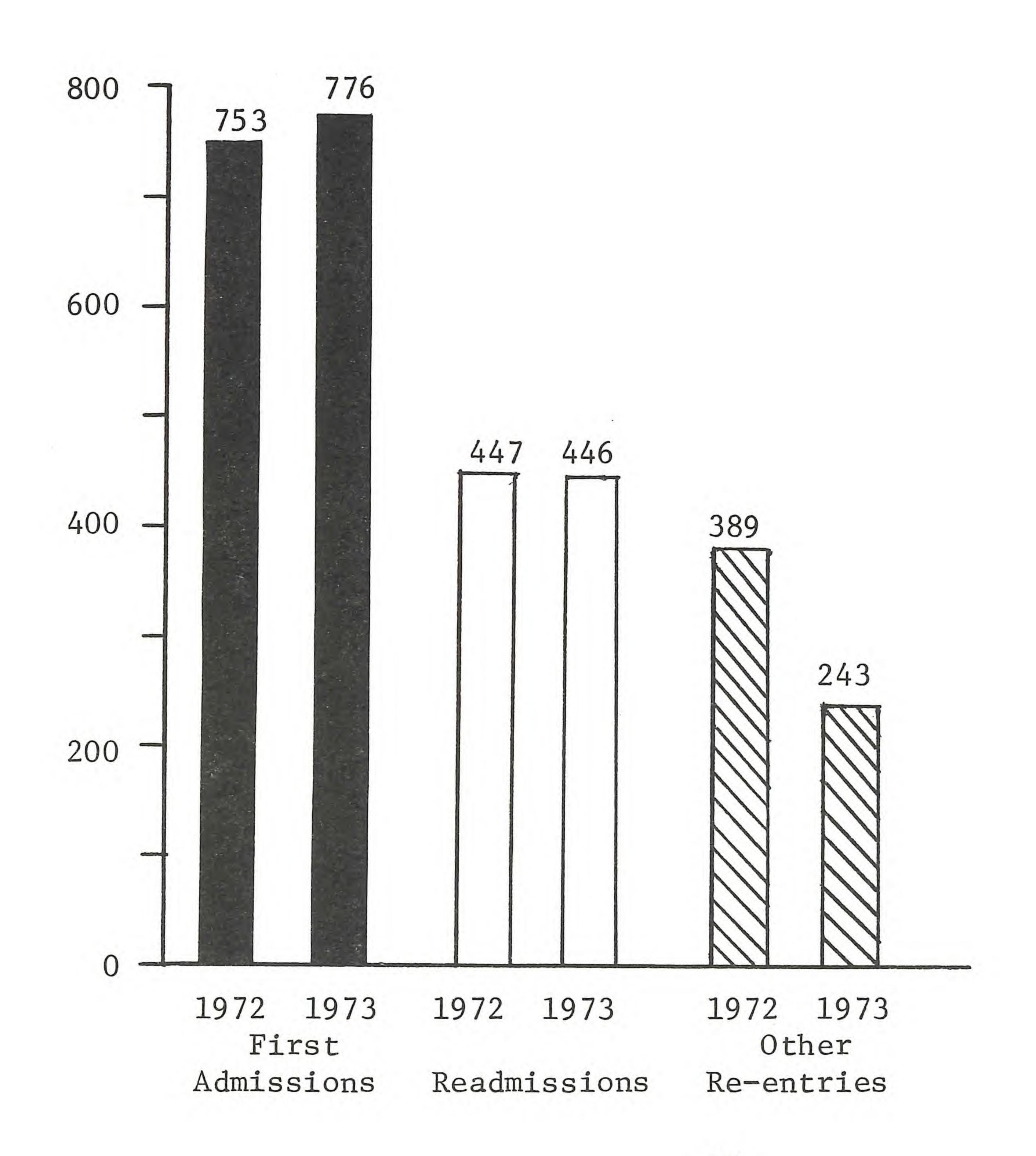


<sup>&</sup>lt;sup>2</sup> Includes Santa Cruz, Yuma, Cochise, Graham and Greenlee Counties

Entries by Type - Fiscal Years 1971-72 and 1972-73

	Fiscal Year		
Type of Entry	1971-72	1972-73	Percent Change
First Admissions	753	776	+ 3
Readmissions	447	446	
Re-entries from Conditional Discharge	304	194	-36
Re-entries from Unauthorized Absence	85	49*	-42
Total Entries	1589	1465	- 8

<sup>\*</sup>Includes 1 entry classified as other



# 1972-1973 Expenditures

CLASSIFICATION	Appropriation	Expended*	Balance Forward
GENERAL FUND APPROPRIATION			
Personal Services	\$ 7,749,700	\$ 7,514,600	
Employee Related	1,242,000	1,112,300	
Professional and Outside Services	496,000	360,800	
Travel - State	18,400	17,200	
Travel – Out of State Personnel	5,000	4,800	
Return of Patients	21,000	20,400	
Food	527,600	523,600	
Other Operating Expenditures	1,395,500	1,364,800	
Capital Outlay — Equipment	118,200	118,600	
TOTAL	\$11,573,400	\$11,037,100	
CAPITAL OUTLAY			
Land, Bldg., and Improvements	\$ 202,500	\$ 142,500	\$ 60,000
SAMHC – Land Purchase	48,200	4,300	43,900
Fire and Life Safety	594,000	594,000	-0-
Medical Legal Facility	594,700	589,400	5,300
TOTAL	\$ 1,439,400	\$ 1,330,200	\$109,200
*Subject to final adjustment			

#### EXPENDITURES — Continued:

CLASSIFICATION	Receipts	Expended*	Balance Forward
OTHER FUNDING			
Federal Funding			
Social Learning Project	\$101,000	\$100,000	\$ 1,000
Hospital Staff Development	25,000	24,500	500
Adult Basic Education	4,000	4,000	0-
Education for Disturbed Children	54,300	36,100	18,200
Institutional Library Service	11,813	8,316	3,497
Vocational Rehabilitation	85,400	84,200	1,200
Psychiatric Basic Residency	35,700	32,160	3,540
Endowment Earnings	359,100	165,900	193,200
Donations	5,500	900	4,600
TOTAL	\$681,813	\$456,076	\$225,737

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